

	After Amendment		Highest No. Previously Paid For					
All Claims	15	-	20	=	X	\$18.00	=	\$ .00
Independent	7	-	3	=	4	X	\$84.00	= \$336.00
					<b>TOTAL</b>			<b>= \$336.00</b>

**EXCESS CLAIM FEE PAYMENT LETTER**

USSN: 09/448,606

Q56881

A check for the statutory fee of \$336.00 is attached. The USPTO is directed and authorized to charge all required fees, except for the Issue Fee and the Publication Fee, to Deposit Account No. 19-4880. Please also credit any overpayments to said Deposit Account. A duplicate copy of this letter is enclosed.

Respectfully submitted,



Raja Saliba

Registration No. 43,078

SUGHRUE MION, PLLC  
Telephone: (202) 293-7060  
Facsimile: (202) 293-7860

WASHINGTON OFFICE

**23373**

CUSTOMER NUMBER

Date: August 1, 2003